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CONNECTING AMERICA'S COMMUNITIES

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# CCI Closeout Training

## Broadband Technology Opportunities Program (BTOP)

WASHINGTON, DC

April 25, 2013

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Made Possible by the Broadband Technology Opportunities Program

Funded by the American Recovery and Reinvestment Act of 2009





## Agenda

1. Presentation on CCI Closeout Process
  - Aimee Meacham, Director, BTOP Program Services
2. Q&A
  - Aimee Meacham, Director, BTOP Program Services
  - Jennifer Lane, Attorney-Advisor, Federal Assistance Law Division
  - Alan Conway, Branch Chief, NOAA Grants Management Division
  - Larry Jenkins, Grants Officer, NOAA Grants Management Division





## Objectives

- Define Closeout and Stakeholder Roles
- Understand the Timing Related to Closeout Activities
- Identify Recipient Closeout Requirements and Closeout Documents





## What is Closeout?

- Closeout is the process of ensuring that all funded project activities are complete and that recipients have met all requirements imposed by applicable laws, regulations, Office of Management and Budget (OMB) circulars, and award terms and conditions
- Recipients can facilitate the closeout process by
  - Demonstrating completion of funded project activities
  - Understanding all administrative and legal requirements
  - Completing and submitting closeout materials in a timely manner within the closeout period





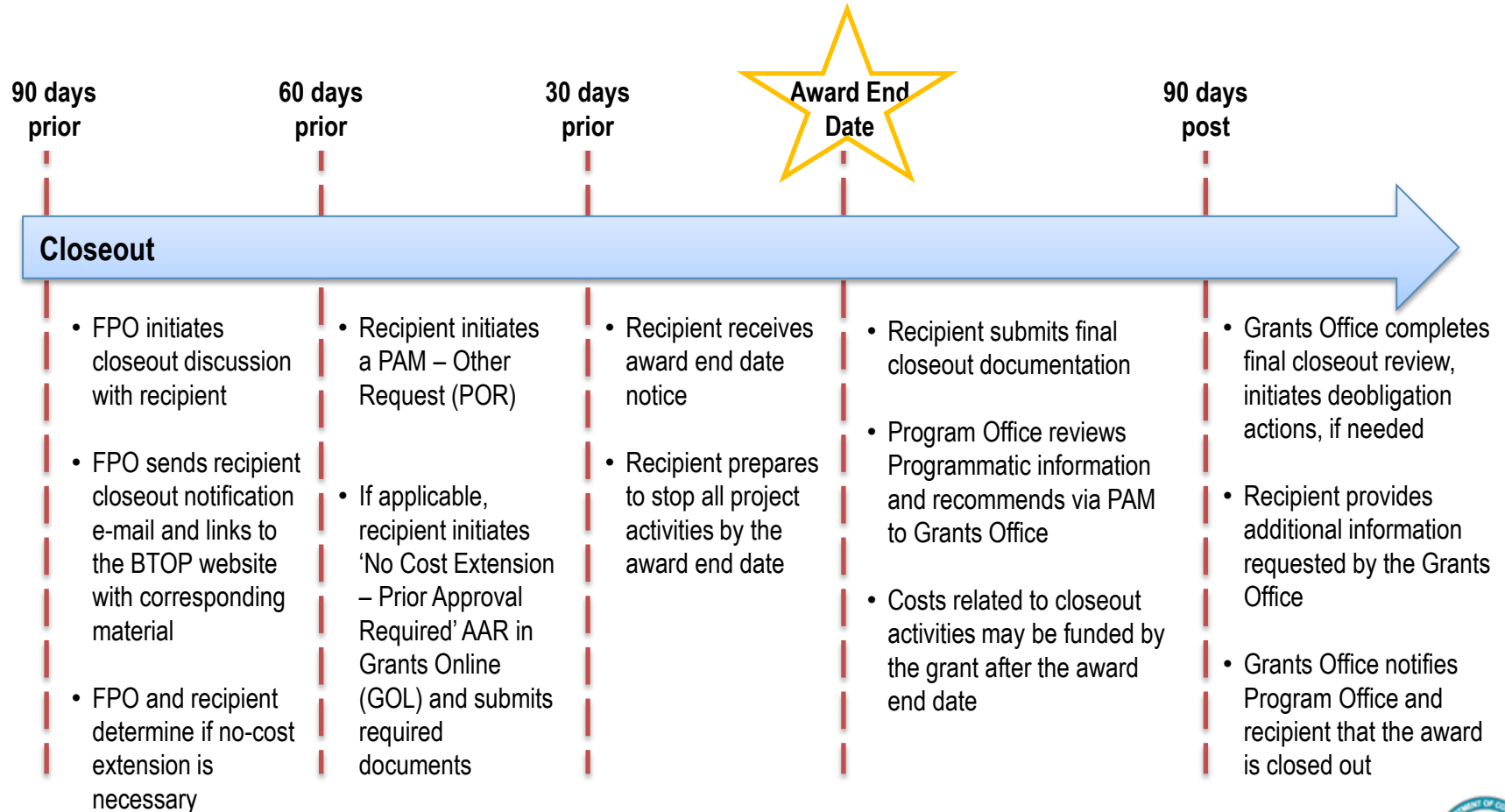
## Closeout Points of Contact

- NOAA Grants Specialist
  - Serves as the recipient's main point of contact throughout the closeout process, ensuring the proper submission of documents, addressing issues with document preparation, and serving as a resource for recipient concerns
  - Performs final award reports and documentation review and evaluation
- NTIA Federal Program Officer (FPO)
  - Initiates closeout discussion, reviews, and requirements with the recipient; FPO remains active throughout the closeout process
  - Conducts preliminary review of draft award reports and documentation
- Closeout Analyst
  - Supports the Grants Specialist and FPO in working with the recipient to facilitate the closeout process





## Project Closeout Timeline






## Prior to Award End Date

- FPOs will notify recipients of their upcoming award end dates and provide links to supplemental documentation that is posted on the BTOP website. This includes a checklist outlining the activities that must be completed for the award to be closed out
- Recipients should begin to discuss the closeout requirements specific to their particular projects with their FPO
- Recipients should also submit all required Federal Interest documentation to the appropriate State office(s) during the closeout period; and attach a scanned copy of this documentation to the final closeout documentation package. "Federal Interest documentation" refers to filings that establish the government's financial interest in substantial assets purchased or built with grant funds
- Recipients should complete any budget modification AARs prior to the award end date, if applicable





## FPOs will send recipients the closeout notification memo (via email) which includes standard language regarding the closeout process, a link to the Closeout Notification Package, and the Special Award Condition (SAC) Checklist



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Broadband Technology Opportunities Program

**Award Closeout Notification Package**

**Comprehensive Community Infrastructure (CCI) Projects**

January 2013  
Version 2.1

National Telecommunications and Information Administration  
Broadband Technology Opportunities Program  
1401 Constitution Avenue, NW  
Washington, DC 20230



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### Closing out the BTOP Award Agreement

#### Introduction to BTOP Award Closeout

Closeout is the process by which the National Telecommunications and Information Administration (NTIA) and National Oceanic and Atmospheric Administration (NOAA) Grants Office determine that the recipient has completed all applicable administrative actions and all required work. The Federal Program Office (FPO) will work with the recipient to verify that it submits to NOAA all mandatory final documentation that federal regulations require.

**Closeout Timeline**  
Under 15 C.F.R. §§ 14.71 and 24.50, all BTOP recipients must submit all final reports within 90 calendar days after the end date of an award.

| Timeline of the BTOP Award Closeout Process |  |
|---|--|
| 90 Days Prior to the Award End Date         | <ul style="list-style-type: none"><li>This Award Closeout Notification Package notifies the recipient that the award period is nearing its award end date and outlines the schedule of activities that must be completed for the award to be closed out with the Department of Commerce. This package is meant to help prepare recipients with their closeout requirements.</li><li>Upon receiving the Award Closeout Notification Package, recipients should begin to discuss the closeout requirements specific to their particular project with their FPO and Grants Specialist using the Award Closeout Checklist for Recipients, included on the following pages.</li></ul> |
| 30 Days Prior to Award End Date             | <ul style="list-style-type: none"><li>The NOAA Grants Office will formally notify recipients that their award is nearing the award end date and provide the closeout requirements.</li></ul>   |
| Award End Date                              | <ul style="list-style-type: none"><li>The award end date is the last day of the recipient's award period as noted in the original award agreement (Form CD-450) or as modified by an Award Amendment (Form CD-451) identifying an earlier requested end date.</li><li>On or within 30 calendar days prior to the award end date, the recipient will receive the Final Closeout Letter from the NOAA Grants Office confirming the award end date.</li></ul>   |
| Closeout                                    | <ul style="list-style-type: none"><li>The closeout period begins immediately following the award end date and lasts for 90 calendar days. Closeout activities are limited to the preparation of final reports in accordance with Department of Commerce Standard Terms and Conditions, as indicated below.</li><li>The award closeout date occurs 90 calendar days after the award end date. All final required documentation must be submitted no later than close of business on the award closeout date.</li></ul>  |

NOAA will issue a notification to the recipient when the award is closed.


After an award has been closed, recipients must retain all records relating to the award for three years from the date of submission of the accepted final expenditure report. In cases where litigation, claims, or audits are initiated prior to the expiration of the three-year period, records must be retained until completion or resolution of any issues associated with the award, or the end of the three-year retention period, whichever is later. Detailed record retention requirements can be found in 15 C.F.R. §§14.53 and 24.42.

**Resources**

Refer to the following resources for additional information on the BTOP closeout procedures:

- 15 C.F.R. § 14.71 – Closeout Procedures for Non-Profit and Commercial Entities and Institutions of Higher Education
- 15 C.F.R. § 24.50 – Closeout for State, Local, and Tribal Entities
- Department of Commerce Office of Acquisition Management Updated Grants Manual, Chapter 12 – Award Close-out, available at: [http://www.oses.dos.gov/om/grants\\_managementtools/dos\\_grants\\_manual/default.htm](http://www.oses.dos.gov/om/grants_managementtools/dos_grants_manual/default.htm)

BTOP Award Closeout Notification Package, CCI • Version 2.1, January 2013









## Recipients will use the SAC Checklist to self-certify that they have complied with all BTOP award terms and conditions

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| <b>Broadband Technology Opportunities Program</b><br><b>Special Award Condition Checklist for Project Closeout</b>   |                          |                          | <b>Security Interest Requirements</b>   |   |               | <b>Certification of Project Completion</b>   |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
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| Recipient:   |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Award Number:  |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Project Title:   |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Recipient's Authorized Representative:   |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Y  | N                        | NA                       |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
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| Y  | N                        | NA                       |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
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| Y  | N                        | NA                       |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
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| <b>Davis-Bacon Wage Rate Requirements</b>  |                          |                          | <b>Subrecipient Requirements</b>  |   |               | <b>Environmental Assessment Compliance Requirement</b>   |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
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Has the investigation concluded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | 2.) What was the result of the investigation? | <table border="1"><tr><td>Y</td><td>N</td><td>NA</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><u>State, Local, and Tribal Governments, Universities, and Non-Profit Organizations:</u> The recipient has submitted valid single audits (i.e., A-133 Audit) to the Federal Audit Clearinghouse within nine months of the end of the recipient's fiscal year, and/or will submit such audit after the award period, as required under OMB Circular A-133.</td></tr></table> |  |  | Y | N | NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>State, Local, and Tribal Governments, Universities, and Non-Profit Organizations:</u> The recipient has submitted valid single audits (i.e., A-133 Audit) to the Federal Audit Clearinghouse within nine months of the end of the recipient's fiscal year, and/or will submit such audit after the award period, as required under OMB Circular A-133. | <table border="1"><tr><td>Audit No.</td><td>FY ending</td><td>Date submitted or N/A</td><td>Findings</td></tr><tr><td>1</td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td></tr></table> |  |  | Audit No. | FY ending | Date submitted or N/A | Findings | 1 |  |  |  | 2 |  |  |  | 3 |  |  |  |
| Y  | N                        | NA                       |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | All contractors and sub-contractors have complied with the Davis-Bacon wage rate requirements.  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | All laborers and mechanics employed on work sites have been paid at least once a week.  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | All covered employers have submitted certified payroll on a weekly basis.   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | All certified payroll have been signed by an employer affirming that the information is complete and accurate.  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | If the recipient is aware of any instances where a contractor or subcontractor was required to make wage restitution:   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | 1.) Has wage restitution been completed?  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | 2.) Do the Davis-Bacon payroll files contain both the previous certified payroll reports and the new corrected payroll reports certifying wage restitution has been completed?  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate on-site interviews have been conducted with laborers and mechanics employed on work sites and responses to these interviews were compared to job classifications used in the certified payroll reports to ensure compliance with Davis-Bacon requirements.  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Has the Department of Labor conducted any investigation involving the recipient?  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | 1.) Has the investigation concluded?  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | 2.) What was the result of the investigation?   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Y  | N                        | NA                       |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <u>State, Local, and Tribal Governments, Universities, and Non-Profit Organizations:</u> The recipient has submitted valid single audits (i.e., A-133 Audit) to the Federal Audit Clearinghouse within nine months of the end of the recipient's fiscal year, and/or will submit such audit after the award period, as required under OMB Circular A-133. |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| Audit No.  | FY ending                | Date submitted or N/A    | Findings  |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| 1  |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| 2  |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| 3  |                          |                          |   |   |               |  |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |
| <div>Initial _____ Date _____/_____/_____<br/>Page 1 of 3</div>  |                          |                          | <div>Initial _____ Date _____/_____/_____<br/>Page 2 of 3</div>   |   |               | <div>Signature of Recipient's Authorized Representative _____ Date _____<br/>Printed Name of Recipient's Authorized Representative _____<br/>Page 3 of 3</div> |                          |                          |  |                          |   |                          |  |                          |                          |                          |   |                          |                          |  |  |                          |                          |  |   |                          |                          |  |   |                          |                          |                          |  |                          |                          |                          |  |  |   |                          |  |                          |                          |                          |                                      |                          |                          |  |   |  |  |  |   |   |    |                          |                          |                          |   |  |  |  |           |           |                       |          |   |  |  |  |   |  |  |  |   |  |  |  |

\* The completed SAC Checklist must be signed by the recipient's Authorized Organization Representative (AOR)





## How Does a Recipient Complete and Submit Closeout Materials?

- Recipients are encouraged to work with their Grants Specialist, FPO and Closeout Analyst as they prepare closeout documents
- Recipients must upload the quarterly PPRs and APR in their respective report packages in PAM, just as they have done throughout the Program
  - The Final PPR for the award must be submitted by the recipient through Grants Online (GOL)
- Recipients should continue to submit quarterly and Final FFRs in GOL
- Additional closeout documents should be attached to a PAM – Other Request (POR) by the end of the 90 day closeout period (e.g., UCC-1 filings)
- Recipients should anticipate and plan for closeout-related costs. Allowable costs during the closeout period include such activities as preparing necessary closeout documents, conducting required audits, and making payments on invoices for costs of project work completed and/or billed prior to the award end date





## Recipients must submit the appropriate closeout documents before an award can be considered for closeout

| Document  | Due Date Prior to               | Submission vehicle  |
|---|---------------------------------|---|
| Final ARRA  | 10-14 days after end of quarter | FederalReporting.gov  |
| Final FFR (SF-425)  | 90 days after award end date    | GOL   |
| Quarterly PPR   | 30 days after award end date    | PAM   |
| Final PPR   | 90 days after award end date    | GOL   |
| Final APR   | 90 days after award end date    | PAM   |
| Final SF-424C with actuals  | 90 days after award end date    | PAM attached to POR   |
| SAC Checklist   | 90 days after award end date    | PAM attached to POR   |
| Patent/Copyright Statement  | 90 days after award end date    | PAM attached to POR   |
| SF-428 tangible personal property report                              | 90 days after award end date    | PAM attached to POR   |
| SF-429 real property report   | 90 days after award end date    | PAM attached to POR   |
| UCC-1 Filing (including Covenant of Use and Attorney's Certification) | 90 days after award end date    | PAM attached to POR   |
| Program-Specific Audit (if applicable)                                | 90 days after closeout period   | PAM attached to POR (if submitted prior to closeout) or after closeout email Grants Specialist <u>and</u> send to DOC OIG |

Made possible by the Broadband Technology Opportunities Program





## ARRA Report

Prime Recipient | FederalReporting.gov

**Report Information**

|            |              |            |                 |              |
|------------|--------------|------------|-----------------|--------------|
| Award Type | Award Number | Prime DUNS | Calendar Yr/Qtr | Final Report |
| Grant      |              | 2012 / 3   | Yes             |              |

**Award Recipient Information**

Recipient | Prime Recipient | FederalReporting.gov

Recipient | **Report Information**

|            |              |            |                 |              |
|------------|--------------|------------|-----------------|--------------|
| Award Type | Award Number | Prime DUNS | Calendar Yr/Qtr | Final Report |
| Grant      |              | 2012 / 3   | Yes             |              |

**Project Information**

|  |   |
|--|---|
| Project Name or Project/<br>Program Title    | Activity Codes (NAICS or NTEE-NPC) (up to 10)   |
| Quarterly Activities/ Project<br>Description | Activity Code 1 W01<br>Activity Code 2<br>Activity Code 3<br>Activity Code 4<br>Activity Code 5<br>Activity Code 6<br>Activity Code 7<br>Activity Code 8<br>Activity Code 9<br>Activity Code 10 |

**Project / Award**

|      |       |         |        |
|------|-------|---------|--------|
| Fund | Award | Program | Sub Ac |
|      |       |         |        |

Project Status: Fully Completed

Total Federal Amount ARRA  
Funds Received/ Invoiced  
Number of Jobs: 2.75  
Description of Jobs Created

Total Federal Amount of ARRA  
Expenditure  
Total Federal ARRA 0.00  
Infrastructure Expenditure  
Infrastructure Purpose and  
Rationale

- The ARRA report must be submitted within 14 days after the end of the quarter
- ARRA report must be marked as “Final” and 100% complete project status
- Funds received should match expenditures
- All vendors and subrecipients from previous reports must be included; report is cumulative
- Recipients should consult their Grants Specialists if any excess funds remain
- Submit via [federalreporting.gov](http://federalreporting.gov)





## Final FFR (SF-425)

Reset Form

**FEDERAL FINANCIAL REPORT**  
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  
2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  
Page 1 of 1 pages

3. Recipient Organization (Name and complete address including Zip code)

4a. DUNS Number  
4b. EIN  
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  
6. Report Type  
☐ Quarterly  
☐ Semi-Annual  
☐ Annual  
☐ Final  
7. Basis of Accounting  
Cash ☐ Accrual

8. Project/Grant Period  
From: (Month, Day, Year) To: (Month, Day, Year)  
9. Reporting Period Dates (Month, Day, Year)

10. Transactions  
(Use lines a-c for single or multiple grant reporting)  
Federal Cash (To report multiple grants, also use FFR Attachment)  
a. Cash Receipts  
b. Cash Disbursements  
c. Cash on Hand (line a minus b)  
(Use lines d-o for single grant reporting)  
Federal Expenditures and Unliquidated Balance:  
d. Total Federal funds authorized  
e. Federal share of expenditures  
f. Federal share of unliquidated obligations  
g. Total Federal share (sum of lines e and f)  
h. Unliquidated balance of Federal funds (line d minus g)  
Recipient Share:  
i. Total recipient share required  
j. Recipient share of expenditures  
k. Remaining recipient share to be provided (line i minus j)  
Program Income:  
l. Total Federal program income earned  
m. Program income expended in accordance with the reporting period  
n. Program income expended in accordance with the reporting period  
o. Unexpended program income (line l minus m)

11. Indirect Expenses  
a. Type b. Set c. Period From Period To d. Basis e. Amount Charged f. Federal Share

12. Remarks: Attach any explanation of any deficiency necessary or information needed for the reporting agency in compliance with governing legislation.

13. Certification: I certify that this report is true, correct and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent information may result in civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

14. Signature of Authorized Certifying Official  
a. Type or Printed Name and Title of Authorized Certifying Official  
b. Telephone (Area code, number and extension)  
c. Email address  
d. Date Report Submitted (Month, Day, Year)

15. Agency use only

Standard Form 425  
OMB Approval Number: 0348-0001  
Expiration Date: 12/31/2011

**Paperwork Burden Statement**  
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection (0348-0001). Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0001), Washington, DC 20503.

- The FFR details all financial transactions from award inception to the completion of the award, including allowable costs that may be incurred during closeout
- Final FFR may not include any unliquidated obligations
- Line C (cash on hand) should be zero
- Submit via GOL





## Quarterly PPR

RECIPIENT NAME:  
AWARD NUMBER:  
DATE:

OMB CONTROL NUMBER: 0650-0037  
EXPIRATION DATE: 12/31/2013

**QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS**

**General Information**

|  |   |                |
|--|---|----------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted  | 2. Award Identification Number  | 3. DUNS Number |
| 4. Recipient Organization  |   |                |
| 5. Current Reporting Period End Date (MM/DD/YYYY)  | 6. Is this the last Report of the Award Period?<br><input type="radio"/> Yes <input type="radio"/> No |                |
| 7. Certification: I certify to the best of my knowledge and belief that this report is correct and true for performance of activities for the purposes set forth in the award documents. |   |                |
| 7a. Typed or Printed Name and Title of Certifying Official   | 7c. Telephone (area code, number and extension)   |                |
|  | 7d. Email Address   |                |
| 7b. Signature of Certifying Official   | 7e. Date Report Submitted (MM/DD/YYYY):   |                |

*Sample Not for Submission*

- The quarterly PPR should describe the recipient's cumulative performance against project indicators for the final quarter (or portion thereof), using the same process and definitions as prior quarterly reports
- Recipients should not mark the PPR that covers the time period between the last quarterly report and the award end date as "Final"
- Recipients should submit the quarterly PPR on or no later than the regular schedule
- Submit via PAM (report package)





## Final PPR

RECIPIENT NAME:  
AWARD NUMBER:  
DATE:

OMB CONTROL NUMBER: 0650-0037  
EXPIRATION DATE: 12/31/2013

**QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS**

**General Information**

1. Federal Agency and Organizational Element to Which Report is Submitted

2. Award Identification Number

3. DUNS Number

4. Recipient Organization

5. Current Reporting Period End Date (MM/DD/YYYY)

6. Is this the last Report of the Award Period?  
☐ Yes ☐ No

7. Certification: I certify to the best of my knowledge and belief that this report is correct and true for performance of activities for the purposes set forth in the award documents.

7a. Typed or Printed Name and Title of Certifying Official

7c. Telephone (area code, number and extension)

7d. Email Address

7b. Signature of Certifying Official

7e. Date Report Submitted (MM/DD/YYYY):

*Sample Not for Submission*

- The Final PPR should describe the recipient's performance against project indicators for the final quarter (or portion thereof), using the same process and definitions as prior quarterly reports
- Recipients should mark the PPR that covers the time period between the last quarterly report and the award end date as "Final"
- Submit via GOL

### Progress Reports

| Type                                | ID      | Period Start | Period End | Due Date   | Status         |
|-------------------------------------|---------|--------------|------------|------------|----------------|
| Performance Progress Report         | 2218664 | 07/01/2010   | 09/30/2010 | 10/30/2010 | Accepted       |
| Performance Progress Report - FINAL | 2424869 | 07/01/2010   | 03/31/2013 | 06/29/2013 | Not Delinquent |
| Performance Progress Report         | 2224752 | 10/01/2010   | 12/31/2010 | 01/30/2011 | Accepted       |





## Final APR

RECIPIENT NAME: \_\_\_\_\_  
AWARD NUMBER: \_\_\_\_\_ OMB CONTROL NUMBER: 0660-0037  
DATE: \_\_\_\_\_ EXPIRATION DATE: 12-31-2013

**ANNUAL PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS**

General Information

|  |  |                |
|--|--|----------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted  | 2. Award Identification Number   | 3. DUNS Number |
| 4. Recipient Organization  |  |                |
| 5. Current Reporting Period End Date (MM/DD/YYYY)  | 5. Is this the last Annual Report of the Award for this year?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |                |
| 7. Certification: I certify to the best of my knowledge and belief that this report is correct and represents the performance of activities for the purposes set forth in the award documents. |  |                |
| 7a. Typed or Printed Name and Title of Certifying Official   | 7c. Telephone (area code, number and extension)  |                |
| 7d. Email Address  |  |                |
| 7b. Signature of Certifying Official   | 7e. Date Report Submitted (MM/DD/YYYY):  |                |

*Sample Not for Submission*

- A Final APR should be completed using the same process and definitions as prior annual reports and include the APR addendum and .kmz file
- A recipient must submit an APR for every year the award was active
- If the award end date falls within 2013, the recipient will submit an APR for 2013 and will mark it as final.
- If the award end date is 1/30/2014, the recipient will submit an APR for 2013 and an APR for 2014, marking the 2014 APR as final
- Submit via PAM (report package)







## PAM Other Request (POR)

|  |                                    |
|--|------------------------------------|
| U.S. DEPARTMENT OF COMMERCE                              |                                    |
| Additional Documentation                                 |                                    |
| 3. Recipient Name  | 1. Award Number<br>[REDACTED]      |
| 5. Project Title   | 2. Award Period From<br>02-01-2010 |
| 7. Attachment Type Description<br>Closeout documentation | 4. Award Period To<br>01-31-2013   |
| 8. Notes<br>See attached forms.                          | 6. CFDA Number<br>[REDACTED]       |

Sample Not for Submission

- The Final Closeout POR should be created as a PAM Other Request package and should specify in the description that the attached documents are being submitted for closeout
- All file descriptions should be noted as “Final” in PAM
- Please include a list of documents under Section 8 in the PAM - Other Request (POR)

Internet Explorer window showing the BroadbandUSA POST AWARD MONITORING SYSTEM. The 'Add New File' form is displayed. The 'File Description' field is circled in red and contains the text 'Final'. The 'File Type' is set to 'Attachment'. The 'Award Information' section shows 'Award #', 'Award Period', 'Project Type', 'Organization Name', and 'Project Title'. The 'Report Package Information' section shows 'Report Package Name' and 'Report Package Number'. The 'Award Status' is 'Active'.





## Final SF-424C

| BUDGET INFORMATION - Construction Programs   |  |  |  |
|--|--|--|--|
| NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified. |  |  |  |
| COST CLASSIFICATION  | a. Total Cost  | b. Costs Not Allowable for Participation | c. Total Allowable Costs (Columns a-b) |
| 1. Administrative and legal expenses   | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 2. Land, structures, rights-of-way, appraisals, etc.   | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 3. Relocation expenses and payments  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 4. Architectural and engineering fees  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 5. Other architectural and engineering fees  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 6. Project inspection fees   | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 7. Site work   | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 8. Demolition and removal  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 9. Construction  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 10. Equipment  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 11. Miscellaneous  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 12. SUBTOTAL (sum of lines 1-11)   | \$ 0.00  | \$ 0.00                                  | \$ 0.00                                |
| 13. Contin. charges  | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 14. SUBTOTAL   | \$ 0.00  | \$ 0.00                                  | \$ 0.00                                |
| 15. Project (program) income   | \$ .00   | \$ .00                                   | \$ 0.00                                |
| 16. TOTAL PROJECT COSTS (subtract line 15 from #14)  | \$ 0.00  | \$ 0.00                                  | \$ 0.00                                |
| FEDERAL FUNDING  |  |  |  |
| 17. Federal assistance required, as follows:<br>(Consult Federal agency for Federal percentage share.)<br>Enter the resulting Federal share.   | Enter eligible costs from line 16c. Multiply X _____ %<br>To autocalculate, press TAB key after entering percent. These instructions will not print. |  | \$ 0.00                                |

Previous Edition Usable      Authorized for Local Reproduction      Standard Form 424C (Rev. 7-97)  
Prescribed by OMB Circular A-102

- Recipients submit a Final SF-424C detailing actual expenditures from award inception to the completion of the grant period, inclusive of closeout costs incurred after the award end date
- The SF-424C totals should align with the total Federal expenditures and total match contributions (non-Federal expenditures) listed in the Final FFR and PPR
- Submit via PAM (POR)





## Property Management and Disposition (SF-428 and SF-429)

- According to the Uniform Administrative Requirement (UAR), title to equipment and supplies vests in the recipient upon acquisition and it must conduct an inventory every two years as long as the equipment has value over \$5,000. Recipients maintain this inventory for their records (i.e., they do not need to submit it to NTIA or NOAA)
- However, recipients must compensate the Government if they choose to sell or use acquired property for non-Federally sponsored programs:
  - Equipment with a per-unit current fair market value of \$5,000 or more or
  - Supplies with an aggregate residual unused value of \$5,000 or more
  - Real property (e.g., land, land improvements, structures, etc.)
- Recipients should report the Fair Market Value of the equipment, residual unused supplies, or real property as of the award end date
- Fair Market Value can be determined based on the purchase price and depreciation schedule maintained by the recipient





## SF-428

| TANGIBLE PERSONAL PROPERTY REPORT<br>SF- 428  |   | Page  | of Pages |
|---|---|---|----------|
| 1. Federal Agency and Organization Element to Which Report is Submitted   | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | 3a. DUNS  | 3b. EIN  |
| 4. Recipient Organization (Name and complete address including zip code)  |   | 5. Recipient Account or Identifying Number  |          |
| 6. Attachment (Check applicable)<br><input type="checkbox"/> Annual Report (SF-428-A)<br><input checked="" type="checkbox"/> Final (Award Closeout) Report (SF-428-B)<br><input type="checkbox"/> Disposition Report/Request (SF-428-C) |   | 7. Supplemental Sheet<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |          |
| 8. Comments   |   |   |          |
| 9a. Typed or Printed Name and Title of Authorized Certifying Official   |   | 9c. Telephone (area code, number, extension)  |          |
|   |   | 9d. Email address   |          |
| 9b. Signature of authorized Certifying Official   |   | 9e. Date report submitted (Month, Day, Year)  |          |
|   |   | 10. Agency use only   |          |

*Sample Not for Submission*

SF-428 Tangible Personal Property Report  
OMB Approval Number: 3300-0208  
EXPIRATION DATE: 04/30/2013

- Recipients account for BTOP-funded tangible personal property by completing a SF-428, SF-428B, and SF-428S
- All recipients must submit a SF-428 cover sheet and Attachment B .
- If there is no tangible property to report, recipients should write “Not Applicable” under Section 8.
- A supplemental sheet, SF-428S, may be necessary to provide detailed information for each item
- Submit via PAM (POR)





## SF-428 Attachment B

| TANGIBLE PERSONAL PROPERTY REPORT<br>Final Report SF-428-B   |   |
|--|---|
| Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428).  |   |
| 1. Report (Select all that apply)  |   |
| a. <input type="checkbox"/> Federally-owned Property (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2a below.)   |   |
| b. <input type="checkbox"/> Acquired Equipment with acquisition cost of \$5,000 or more for which the awarding agency has reserved the right to transfer title (List on Supplemental Sheet SF-428S or recipient equivalent and complete Section 2b below.) |   |
| c. <input type="checkbox"/> Residual Unused Supplies with total aggregate fair market value exceeding \$5,000 not needed for any other Federally sponsored programs or projects. (Complete Section 2c below)   |   |
| d. <input type="checkbox"/> None of the above  |   |
| 2. Complete relevant section(s)  |   |
| 2a. Federally-owned Property (Select one or more.)   |   |
| Agency response to requested disposition of Federally-owned property:  |   |
| (i) <input type="checkbox"/> Request transfer to Award   | (i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/> |
| (ii) <input type="checkbox"/> Request Federal Agency disposition instructions  | (ii) Dispose in accordance with attached instructions <input type="checkbox"/>          |
| (iii) <input type="checkbox"/> Other (Provide detail in Block 3 or attach request)   |   |
| 2b. Acquired Equipment (Select one or more.)   |   |
| Agency response to requested disposition of acquired equipment:  |   |
| (i) <input type="checkbox"/> Request unconditional transfer of title with no further obligation to the Federal Government.   | (i) Recipient request approved <input type="checkbox"/> denied <input type="checkbox"/> |
| (ii) <input type="checkbox"/> Request Federal Agency disposition instructions  | (ii) Dispose in accordance with attached instructions <input type="checkbox"/>          |
| Note: If the awarding agency does not provide disposition instructions within 120 days the recipient may continue to use the equipment for Federally sponsored projects or dispose in accordance with the applicable property standards.                   |   |
| 2c. Reportable Residual Unused Supplies  |   |
| (i) <input type="checkbox"/> Provide estimate of current fair market value   | \$ _____  |
| (ii) <input type="checkbox"/> Percentage of participation  | _____ %   |
| (iii) <input type="checkbox"/> Selling   | \$ _____  |
| (iv) <input type="checkbox"/> Handling allowance   | \$ _____  |
| (v) <input type="checkbox"/> Amount remitted to the Federal Government   | \$ _____  |
| 3. Comments  |   |
| Agency use only  |   |

FINAL REPORT ATTACHMENT TO SF-428

OMB Approval Number: 3090-0289  
Expiration Date: 4/30/2013

- The SF-428B is used during award closeout to allow recipients to request a disposition of acquired equipment and calculate compensation to be remitted to the Government
- Recipients select all applicable options in Section 1 and complete the corresponding questions 2a-2c
- Submit via PAM (POR)





## SF-428 Attachment S

**TANGIBLE PERSONAL PROPERTY REPORT**  
**Supplemental Sheet SF-428S**

|   |   |      |          |
|---|---|------|----------|
| Federal Grant or Other Identifying Number Assigned by Federal Awarding Agency (Block 2 of SF-428) | Attachment Type<br>___ Annual Report<br>___ Final (Award Closeout) Report<br>___ Disposition Request/Report | Page | Of Pages |
|---|---|------|----------|

Complete one row for each item:

| Award Number<br>(a) | GP<br>or<br>ACQ<br>(b) | Description of Item<br>(c) | Identification Number<br>(d) | Acq.<br>Date<br>(e) | Cond.<br>Code<br>(f) | Acq.<br>Cost<br>(g) | Disp.<br>Req.<br>(h) |
|---------------------|------------------------|----------------------------|------------------------------|---------------------|----------------------|---------------------|----------------------|
| 1                   |                        |                            |                              |                     |                      |                     |                      |
| 2                   |                        |                            |                              |                     |                      |                     |                      |
| 3                   |                        |                            |                              |                     |                      |                     |                      |
| 4                   |                        |                            |                              |                     |                      |                     |                      |
| 5                   |                        |                            |                              |                     |                      |                     |                      |
| 6                   |                        |                            |                              |                     |                      |                     |                      |
| 7                   |                        |                            |                              |                     |                      |                     |                      |
| 8                   |                        |                            |                              |                     |                      |                     |                      |
| 9                   |                        |                            |                              |                     |                      |                     |                      |
| 10                  |                        |                            |                              |                     |                      |                     |                      |

SF-428S Supplemental Sheet - Attachment SF-428  
OMB Approval Number 3090-0289  
Expiration Date: 4/30/2013

- The SF-428S is used by recipients to provide detailed information on individual items
- Grantees who checked “Yes” to Question 7 on the SF-428S or selected option 1b on the SF-428B should complete Attachment S or submit an equivalent document
- Submit via PAM (POR)





## SF-429

OMB Control No.: 3090-0296  
Expires: 07/31/2014

**REAL PROPERTY STATUS REPORT SF-429  
(COVER PAGE)**

Page: \_\_\_\_\_ of: \_\_\_\_\_ Pages

|   |          |   |   |
|---|----------|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted:  |          | 2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies): |   |
| 3. Recipient Organization (name and complete address including zip code):   |          |   |   |
| 4a. DUNS Number:  | 4b. EIN: | 5. Recipient Account or Identifying Number:   | 6. Contact Person for this Report:<br>Name:<br>Phone:<br>Email:<br>Fax: |
| 7. Report End Date:<br>(MM/DD/YYYY)   |          |   |   |
| 8. Real Property Status Report – Attachment(s) (check the applicable block(s)):<br>____: Attachment A (General Reporting) attached<br>____: Attachment B (Request to Acquire, Improve or Furnish) attached<br>____: Attachment C (Disposition) attached |          |   |   |
| 9. Comments (attach additional sheets if necessary):  |          |   |   |
| 10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.           |          |   |   |
| 11a. Typed or Printed Name and Title of Authorized Certifying Official:   |          | 11c. Telephone (area code, number, extension):                                      |   |
| 11b. Signature of Authorized Certifying Official:   |          | 11d. Email Address:   |   |
|   |          | 11e. Date Report Submitted (MM/DD/YYYY):  |   |
|   |          | 12. Agency use only   |   |

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Standard Form 429 (9/2011)

- Recipients account for real property (e.g., land or improvements) by completing a SF-429
- All recipients must submit a SF-429 cover sheet even if there is no real property to report
- Only those who purchased/improved real property using BTOP funds or contributed it as match must complete the SF-429A
- Submit via PAM (POR)





## SF-429 Attachment A

OMB Control No.: 3096-0296  
Expires: 07/31/2014

**Real Property Status Report  
ATTACHMENT A (General Reporting) SF-429-A**

Federal Grant or Other Identifying Number Assigned by Federal Agency (R2 on cover page) \_\_\_\_\_ Page: \_\_\_\_\_ of: \_\_\_\_\_ Pages

Complete the applicable blocks below for each parcel of real property being reported (duplicate this page to provide information for each parcel of real property being reported under the Federal financial assistance award identified in section 2):

13. Period and type of Federal interest (MM/DD/YYYY): From: \_\_\_\_\_ To: \_\_\_\_\_  
Acquisition \_\_\_\_\_ Renovation \_\_\_\_\_ Construction \_\_\_\_\_ Government Furnished Property \_\_\_\_\_

14a. Description of Real Property: \_\_\_\_\_

14b. Address of Real Property (legal description and complete address including zoning information): \_\_\_\_\_

14c. Land Acreage or Square Units:  
Enter Amount: \_\_\_\_\_  
Select units: \_\_\_\_\_ Acres \_\_\_\_\_ Square Feet \_\_\_\_\_ Square Kilometers \_\_\_\_\_ Square Meters

14d. Gross and Usable Area: Footsquare Meters (i.e., of building, house, etc.): \_\_\_\_\_  
Enter Amount: Gross \_\_\_\_\_ Usable \_\_\_\_\_  
Select Units: Square Feet \_\_\_\_\_ Square Meters \_\_\_\_\_

14e. Real Property Ownership Type(s):  
A. Owned \_\_\_\_\_ B. Co-Owned \_\_\_\_\_ C. Fee Simple \_\_\_\_\_  
D. Corporate \_\_\_\_\_ E. Joint Tenancy \_\_\_\_\_ F. Partnership \_\_\_\_\_ G. Limited Liability Partnership \_\_\_\_\_ H. Co-Operative \_\_\_\_\_  
I. Government Furnished Property \_\_\_\_\_ J. Other (Describe): \_\_\_\_\_

14f. Real Property Cost: \$ \_\_\_\_\_ Share Percentage %:  
Federal Share: \$ \_\_\_\_\_ ( %)  
Non-Federal Share: \$ \_\_\_\_\_ ( %)  
Total (sum of Federal and Non-Federal Share): \$ \_\_\_\_\_ ( %)

14g. Has a deed, lien, covenant, or other real estate documentation been recorded in establishing an interest in this real property?  
Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
If yes (unless previously reported), provide the instrument used and enter the date and jurisdiction in which it was recorded: \_\_\_\_\_

14h. Has Federally required title insurance coverage been secured for this real property? Yes \_\_\_\_\_ No \_\_\_\_\_  
See Instructions for details.

14i. Are there any historic preservation (URA) requirements applicable to the real property? Yes \_\_\_\_\_ No \_\_\_\_\_

14j. Are there any environmental compliance requirements related to the real property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe them (attach additional sheets if necessary): \_\_\_\_\_

14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is it listed or eligible for listing in the National Register of Historic Places? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe them (attach additional sheets if necessary): \_\_\_\_\_

14l. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the change (attach additional sheets if necessary): \_\_\_\_\_

16. Real Property Disposition (Status):  
A. Sold \_\_\_\_\_ B. Transferred to different award \_\_\_\_\_ C. Used in other Federally sponsored project/program \_\_\_\_\_  
D. Transferred to \_\_\_\_\_ E. Retained Title \_\_\_\_\_ F. N/A \_\_\_\_\_

I. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of funds owed to the Federal government: \_\_\_\_\_

II. If applicable, enter the amount of any net proceeds from the sale of the real property and describe how the proceeds were distributed: \_\_\_\_\_

III. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes: \_\_\_\_\_

17. Indicate the cumulative energy consumption for the previous 12 months:  
A. Electric (kWh) \_\_\_\_\_ or (Btu) \_\_\_\_\_ B. Petroleum (Gal) \_\_\_\_\_ C. Natural Gas (cu ft) \_\_\_\_\_ D. Other (Specify): \_\_\_\_\_

18. Remarks (attach additional sheets if necessary): \_\_\_\_\_

Attachment A (General Reporting) to Real Property Status Report SF-429

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Standard Form 429 (9/2011)

- The SF-429A allows recipients to provide the requested information in section 13-18 of Attachment A for each parcel of real property reported
- Submit via PAM (POR)







## Final Patent Report

**ATTACHMENT**  
**FINAL PATENT REPORT**

Recipient Name: \_\_\_\_\_  
Cooperative Agreement Number: \_\_\_\_\_

- ☐ I certify that no subject inventions were disclosed during the grant/cooperative agreement period.
- ☐ The final patent report is attached, listing all inventions disclosed during the award period.

The Recipient shall disclose each subject invention to NIST within two months after the inventor discloses it in writing to Recipient personnel responsible for patent matters. The disclosure to NIST shall be in the form of a written report and shall identify the award under which the invention was made and the inventor(s). If shall, at a minimum, contain the following information:

- (1) the title of the invention;
- (2) the names of all inventors;
- (3) the name and address of the assignee (if any);
- (4) an acknowledgment that the United States has right in the subject invention (i.e., the Governmental Right to Use);
- (5) the filing date of the present invention;
- (6) an abstract of the disclosure;
- (7) a description or summary of the present invention;
- (8) the background of the present invention or the prior art;
- (9) a description of the preferred embodiments; and
- (10) what matter is claimed.

If a patent is issued, the Recipient(s) must submit the following to the Grants Office:

- (1) the award number under which the invention was made;
- (2) the serial number of the patent issued;
- (3) the date of issuance;
- (4) a copy of the disclosure as issued (including the drawings) and;
- (5) the name, address, and telephone number(s) of an assignee.

\_\_\_\_\_  
Company Authorizing Official                      Date

**Note:** In the event that the Recipient determines that an invention or patent was made under the purview of the award after the filing of this document, they are instructed to forward the information to the Grants Officer.

**National Institute of Standards and Technology**  
**Grants & Agreements Management Division**  
100 Bureau Drive, Bldg. 411, Mail Stop 1650  
Gaithersburg, MD 20899-1650

- The Final Patent Report is included as an attachment in the PAM (POR)
- NOAA will accept a letter on the recipient's letterhead, signed by the AOR, stating an invention or patent was not made under the award



## Federal Interest - Covenant Of Use And Ownership

# BROADBANDUSA

CONNECTING AMERICA'S COMMUNITIES

## Attachment A – SAMPLE Covenant of Purpose, Use and Ownership Form

THIS COVENANT OF PURPOSE, dated \_\_\_\_\_, 20\_\_\_\_,

is between  
National Telecommunications Administration  
1401 Constitution Avenue, NE  
called "NTIA").

WHEREAS, Recipient Technology Opportunities P. Pub. L. No. 111-5, 123 Stat.

WHEREAS, by Office assistance award designate (hereinafter called "Award Agreement" and called "Project"); and

WHEREAS, to execute with funds made available to hereto and incorporated her

WHEREAS, on documents attached thereto and pertaining to the Award Agreement contained in the Award Agreement Regulations (C.F.R.), Parts Reg. 33104 (Jul. 9, 2009) or applicable; and

WHEREAS, the Award Agreement provides, inter alia, that Recipient not sell, lease, transfer, convey or use the Property for purposes of the application made by Recipient prohibited by 15 C.F.R. Part 26.1001 (a)(1) or (a)(2) or (a)(3) or (a)(4) or (a)(5) or (a)(6) or (a)(7) or (a)(8) or (a)(9) or (a)(10) or (a)(11) or (a)(12) or (a)(13) or (a)(14) or (a)(15) or (a)(16) or (a)(17) or (a)(18) or (a)(19) or (a)(20) or (a)(21) or (a)(22) or (a)(23) or (a)(24) or (a)(25) or (a)(26) or (a)(27) or (a)(28) or (a)(29) or (a)(30) or (a)(31) or (a)(32) or (a)(33) or (a)(34) or (a)(35) or (a)(36) or (a)(37) or (a)(38) or (a)(39) or (a)(40) or (a)(41) or (a)(42) or (a)(43) or (a)(44) or (a)(45) or (a)(46) or (a)(47) or (a)(48) or (a)(49) or (a)(50) or (a)(51) or (a)(52) or (a)(53) or (a)(54) or (a)(55) or (a)(56) or (a)(57) or (a)(58) or (a)(59) or (a)(60) or (a)(61) or (a)(62) or (a)(63) or (a)(64) or (a)(65) or (a)(66) or (a)(67) or (a)(68) or (a)(69) or (a)(70) or (a)(71) or (a)(72) or (a)(73) or (a)(74) or (a)(75) or (a)(76) or (a)(77) or (a)(78) or (a)(79) or (a)(80) or (a)(81) or (a)(82) or (a)(83) or (a)(84) or (a)(85) or (a)(86) or (a)(87) or (a)(88) or (a)(89) or (a)(90) or (a)(91) or (a)(92) or (a)(93) or (a)(94) or (a)(95) or (a)(96) or (a)(97) or (a)(98) or (a)(99) or (a)(100) or (a)(101) or (a)(102) or (a)(103) or (a)(104) or (a)(105) or (a)(106) or (a)(107) or (a)(108) or (a)(109) or (a)(110) or (a)(111) or (a)(112) or (a)(113) or (a)(114) or (a)(115) or (a)(116) or (a)(117) or (a)(118) or (a)(119) or (a)(120) or (a)(121) or (a)(122) or (a)(123) or (a)(124) or (a)(125) or (a)(126) or (a)(127) or (a)(128) or (a)(129) or (a)(130) or (a)(131) or (a)(132) or (a)(133) or (a)(134) or (a)(135) or (a)(136) or (a)(137) or (a)(138) or (a)(139) or (a)(140) or (a)(141) or (a)(142) or (a)(143) or (a)(144) or (a)(145) or (a)(146) or (a)(147) or (a)(148) or (a)(149) or (a)(150) or (a)(151) or (a)(152) or (a)(153) or (a)(154) or (a)(155) or (a)(156) or (a)(157) or (a)(158) or (a)(159) or (a)(160) or (a)(161) or (a)(162) or (a)(163) or (a)(164) or (a)(165) or (a)(166) or (a)(167) or (a)(168) or (a)(169) or (a)(170) or (a)(171) or (a)(172) or (a)(173) or (a)(174) or (a)(175) or (a)(176) or (a)(177) or (a)(178) or (a)(179) or (a)(180) or (a)(181) or (a)(182) or (a)(183) or (a)(184) or (a)(185) or (a)(186) or (a)(187) or (a)(188) or (a)(189) or (a)(190) or (a)(191) or (a)(192) or (a)(193) or (a)(194) or (a)(195) or (a)(196) or (a)(197) or (a)(198) or (a)(199) or (a)(200) or (a)(201) or (a)(202) or (a)(203) or (a)(204) or (a)(205) or (a)(206) or (a)(207) or (a)(208) or (a)(209) or (a)(210) or (a)(211) or (a)(212) or (a)(213) or (a)(214) or (a)(215) or (a)(216) or (a)(217) or (a)(218) or (a)(219) or (a)(220) or (a)(221) or (a)(222) or (a)(223) or (a)(224) or (a)(225) or (a)(226) or (a)(227) or (a)(228) or (a)(229) or (a)(230) or (a)(231) or (a)(232) or (a)(233) or (a)(234) or (a)(235) or (a)(236) or (a)(237) or (a)(238) or (a)(239) or (a)(240) or (a)(241) or (a)(242) or (a)(243) or (a)(244) or (a)(245) or (a)(246) or (a)(247) or (a)(248) or (a)(249) or (a)(250) or (a)(251) or (a)(252) or (a)(253) or (a)(254) or (a)(255) or (a)(256) or (a)(257) or 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(a)(424) or (a)(425) or (a)(426) or (a)(427) or (a)(428) or (a)(429) or (a)(430) or (a)(431) or (a)(432) or (a)(433) or (a)(434) or (a)(435) or (a)(436) or (a)(437) or (a)(438) or (a)(439) or (a)(440) or (a)(441) or (a)(442) or (a)(443) or (a)(444) or (a)(445) or (a)(446) or (a)(447) or (a)(448) or (a)(449) or (a)(450) or (a)(451) or (a)(452) or

- NTIA retains an undivided equitable reversionary interest in all real or personal property that recipients and subrecipients acquire or improve using Federal funds for the entire useful life of the property

During the duration of the Federal Interest recipients cannot sell or transfer assets without prior Grants Office approval or use the property for non-BTOP purposes without prior approval

Recipients with a Security Interest SAC have to submit documentation:

- Covenant of Purpose to document the Federal Interest in **real property**
- UCC-1 to document the Federal Interest in **fixtures** or **personal property** other than supplies
- Attorney Certification that documents were properly executed and filed in accordance with state law



## Program Specific Audit (For-Profit recipients only)

- Commercial and for-profit entities may have to submit a program specific audit if the recipient received a BTOP award greater than \$100,000
- A copy of the Audit Report must be submitted within 90 days following the closeout date to the DOC Office of the Inspector General (OIG) and PAM (POR)
- For-profit entities required to do a program-specific audit during the closeout period may pay for those audit expenses using BTOP funds





## **After NTIA reviews and submits closeout documentation, NOAA conducts a final review and takes the remaining steps to close the grant**

- NOAA Grants Office will perform financial reconciliation and notify the recipient that the award has been satisfactorily closed
- If applicable, the Grants Office prepares a Deobligation Memo and submits it to the NTIA Budget Office
- Recipients must maintain records relating to the grant for at least three years after the recipient submits its final federal expenditure report
- Recipients must continue to comply with any ongoing audit and property management requirements





## Early Closeout

- A recipient may want to terminate its award early after completing all project goals
- To initiate the process, a recipient should initiate a “Termination for Convenience” AAR and attach a letter from the recipient’s AOR requesting that the award terminate early. Once approved, this action will amend the award end date to the new requested end date. Upon project completion, the recipient will need to send all final closeout materials to its Grants Specialist, FPO, and Closeout Analyst to close out the award
  - Amended award end dates will always fall on the last day of the quarter
- Recipients wanting to terminate their awards early should submit their requests in GOL





## What happens after the award closes?

Thank You!



- After the award is closed, recipients must continue to:
  - Use BTOP-funded equipment for the purposes under the award
  - Retain grant file and related records for at least three years
  - Complete an inventory of grant-funded equipment
  - Update UCC-1 filings every five years





## Additional Resources

- [15 CFR § 14.71](#) – Closeout Procedures for Non-Profit and Commercial Entities and Institutions of Higher Education
- [15 CFR § 24.50](#) – Closeout Procedures for State, Local, and Tribal Entities
- Department of Commerce Office of Acquisition Management Updated Grants Manual, Chapter 12 – Award Close-out, available at [http://www.osc.doc.gov/oam/grants\\_management/policy/doc\\_grants\\_manual/default.htm](http://www.osc.doc.gov/oam/grants_management/policy/doc_grants_manual/default.htm).
- Closeout documents are available on NTIA's website under Award Closeout Requirements at <http://www2.ntia.doc.gov/compliance>





**BROADBANDUSA**  
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# Questions

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